BILLINGSHURST SURGERY, ROMAN WAY, BILLINGSHURST, WEST SUSSEX RH14 9QZ

New Patient Check Form- PLEASE COMPLETE & RETURN TO THE SURGERY

Name:		**DOB:**	
Home Tel No:	**Mobile No:**	**Work No:**	
Main Spoken Language		**Ethnic Origin**	
Has Carer: YES / NO	**Carer Name:**		**Tel No:**
Is Carer: YES / NO	**For:**		
Next of Kin:	**Name:** **Relationship:**		**Tel No:**

Height:	Weight:	B / P:	**Waist:**		
Smoker: YES	Cigarettes per day =	Tobacco per day =	Cigars per day =		
Smoker: NO	Never smoked?	Ex-smoker?	Date Stopped =		
Alcohol: YES / NO	Units per week = (unit = ½ pt standard beer, 1 measure spirit, 1 glass wine – pub measures)				
EXERCISE: **(Please tick)**	Nil	Difficult	Light	Moderate	Heavy
Total Cholesterol					
Total Cholesterol/HDL Ratio					

ALLERGIES Drugs	**ALLERGIES Non-drugs**
Name:	**Name:**
Reaction:	**Reaction:**

CURRENT MEDICATION:
In order for us to issue you with any medication prior to your electronic records being received, please provide the right hand (white) section of a recent prescription or alternatively request a printed list of your current medication from your previous surgery. If you are unable to provide either of these documents you will need to make an appointment with a GP in order for any medication to be added to your records.

If you have any of these chronic diseases please indicate below and make an appointment in the appropriate clinic for your annual review:

Chronic Disease		**Clinic to Book**
Diabetes	**YES / NO**	**Fasting Bloods & Diabetic Clinic**
Chronic Heart Disease	**YES / NO**	**Fasting Bloods & Cardiovascular Clinic**
Asthma / COPD	**YES / NO**	**Asthma Clinic**

MEDICAL HISTORY (including details of past operations/investigations over the last 5 years or significant history)		
FAMILY HISTORY (to only include parents)	**Maternal (Mother)**	**Paternal (Father)**
Cancer	**YES / NO**	**YES / NO**
Heart Disease Under 60	**YES / NO**	**YES / NO**
Heart Disease Over 60	**YES / NO**	**YES / NO**
Stroke	**YES / NO**	**YES / NO**
Diabetes	**YES / NO**	**YES / NO**
Asthma	**YES / NO**	**YES / NO**
Hypertension (Blood Pressure)	**YES / NO**	**YES / NO**